

## CORRESPONDENCE.

## STATE MEDICINE.

SIR,—Having been a member of the late deputation to the Government on what has been called of late State Medicine, would you allow me the opportunity of stating (as I am sure I may without offence), that I do not quite concur in the views of my friend Dr. Rumsey upon the subject. There are reasons, no doubt, to be urged in favour of the separation, in particular cases, of the function of the public medical officer from that of the medical attendant on families; yet I am convinced that, in the long run, the separation will not be effected without more than compensating disadvantages. To my mind, I must confess, it would appear a great mistake to classify the medical profession broadly into two orders; one watching over the individual and the cure of disease, the other over the body politic. There would arise, almost of necessity, a great variety of contending interests and claims on behalf of these two orders. They would be habitually pitted against each other in courts of law, and in all cases where opinion was liable to be biased by personal position; they would acquire, if they had not from the first, fundamentally different, sometimes entirely opposite, ways of looking at the same facts; they would soon establish a different order of traditions, and separate systems of ethics; and thus the professional *esprit de corps*, which it is so desirable on every account to keep whole and undivided, would be fatally broken up. At present, a medical man is, *quod* medical man *simply*, and without regard to his particular function, held under the wholesome discipline of certain modes of thought and feeling inspired by the tender interest and delicate consideration due to individuals, and especially to suffering humanity. It is urged that his usefulness as a public officer is restricted by these considerations; and possibly it may be admitted that, from a very low and personal point of view, it may sometimes be difficult for a private practitioner to be a good public officer. But I cannot for a moment admit that these considerations of private duty ought to be eliminated from the view of duty of the public officer; and my personal experience is to the effect that they do not, on the whole, interfere with his discharge of public duty, but rather aid him therein. At all events, I feel it due to myself to state that, being devoted, above all, to my profession, I should very strongly object to become a member of a separate class in that profession, under the title or style of State Mediciner, and would cheerfully resign all public appointments rather than be so classified.

I am, etc.,

W. T. GAIRDNER.

Glasgow, June 13th, 1862.

P.S.—It may be desirable to explain that, in joining the late deputation, I concurred in almost all their objects with this single exception, and I regarded the idea of State Medicine as one more proper to Dr. Rumsey than to the deputation.

## RECORDS OF SICKNESS.

SIR,—While reading the letter of Dr. Sieveking in the BRITISH MEDICAL JOURNAL of June 13th, in reference to out-patient hospital practice as connected with medical education, it struck me that, in addition to many important points suggested by him for this purpose, it might be made available for the registration of sickness among the out-patients.

When visiting a large hospital, in order to register the sickness of the in-patients, I have often wished, and once asked for, the adoption of a book in which the out-patients' diseases and residences might be inserted. The reply was, that it would be too troublesome, and perhaps it might be so under the present system; but, should Dr. Sieveking's plan ever come into operation, nothing would be easier than to adopt my suggestion, which, I believe, would be attended with important sanitary results.

I am, etc.,

C. J. B. ALDIS, M.D.,

Medical Officer of Health, St. George's, Hanover Square.

Chester Square, June 1868.

## STATISTICS OF ACQUIRED AND HEREDITARY SYPHILIS.

SIR,—In your last number, you say that you will be much obliged by further information respecting the statistics of syphilis, acquired and hereditary. In reply to this request, I furnish you with a brief account of the statistics of syphilis, as furnished by my notes of a thousand consecutive cases of skin-disease amongst dispensary patients.

Of the 1000 cases of skin-disease, 43 were diagnosed as syphilitic, 38 being of acquired origin and 5 congenital. Thus, we have a pro-

portion of 1 in 23 of syphilic origin (*viz.*, 4.3 per cent.); of which, 1 in 26 (*viz.*, 3.8 per cent.) were in connection with acquired, and 1 in 200 (*viz.*, .5 per cent.) with inherited disease.

Of the 5 congenital cases, the youngest was 2 months, and the eldest 18 months old; 4 out of the 5 were under 8 months of age.

Of the 38 cases of acquired syphilis, the youngest was 17 years old, the eldest 54 years old. Of these cases, there were 8 between the ages of 17 and 25 years; 17 between the ages of 25 and 35 years; 10 between the ages of 35 and 45 years; and 3 above the age of 45 years.

I am, etc.,

BALMANN SQUIRE.

Weymouth Street, W., June 1868.

## OBITUARY.

N. B. WARD, F.R.S., F.L.S.

THIS distinguished botanist and member of the medical profession, who resided for the latter years of his life in comparative retirement at Clapham Rise, died on the 4th of this month suddenly at St. Leonards, at the advanced age of nearly 77. In early life, he exhibited a love for natural history, which was strengthened by a voyage, when a boy, to Jamaica, and by the spectacle of the magnificent vegetation of that island. The older amongst Mr. Ward's friends will remember his house at Wellclose Square, in the East-end of London, conspicuous in that smoky district by being abundantly adorned with vegetation. The difficulty he had in cultivating plants under the adverse influences of such a locality led him, through an incident which, had he lived in the country, he might not have noticed, to the invention of the closely-glazed cases which bear his name. By means of these, flowers and ferns are now grown successfully in crowded towns, and valuable plants have been transported in health and safety to and from different parts of the world. Mr. Ward took a leading part in the foundation of the Microscopical Society in 1840. He was also connected with the Apothecaries' Society in various capacities, and always endeavoured to bring into prominence its scientific element. He was, as our heading indicates, a Fellow of the Royal and Linnæan Societies; and in the rooms of the latter at Burlington House is an excellent portrait of him, which was painted by subscription in 1856.

THE POOR-LAW MEDICAL SERVICE  
OF  
GREAT BRITAIN AND IRELAND.

## THE BRENTWOOD UNION.

THE case of Mr. Baker of Brentwood is one to which we have already referred, and we believe that it will shortly come before Parliament. It urgently calls for investigation, and we believe Mr. Baker to be entitled to compensation. The whole case, which is one of considerable complexity, and is fraught with oppressive injustice. The guardians seem actually to have kept Mr. Baker out of the fees due to him according to the legalised scale of extras; and then to have pleaded a special and little known clause of a Poor-law Act, which nullifies all claims against guardians not settled by them within three months. They did not dispute the justice of his claim, but, on the contrary, paid into court the latter part of it, which might not perhaps come within the Act, and pleaded this special statute of limitations as an answer to the rest. This is, we believe, conduct unprecedented certainly beyond possible justification in a public body. Subsequently, the Poor-law Board, advised by Sir John Walsham, assented to request Mr. Baker to resign, avowedly on the ground that he had been *unsuccessful* in his action against his guardians. The charges which Mr. Baker has made in print against the clerk are of a very grave character; and it is surprising that the Board have not inquired formally into them, and confronted the two. Our interference on behalf of Mr. Baker has already had the good effect of interesting a member of the House of Commons; and we hope that as there is announced to be an aggregate meeting of London and Provincial Poor-law Medical Officers next week, Mr. Baker will ventilate his grievances there, and get an expression of opinion from his brethren.

## SUPERANNUATION OF IRISH POOR-LAW PHYSICIANS.

THIS subject has been urged on the attention of Lord Mayo, the Chief Secretary, by a deputation, which consisted of Mr. Macnamara, Vice-President; Dr. Mapother, Member of Council; and Dr. Hughes, Secretary of Council of the Irish College of Surgeons; and Dr. Quinan; on last Friday. Dr. Brady, M.P., and Mr. Pim, M.P., also attended.